Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY PUBLIC

July 21, 2026

[redacted], ADMINISTRATOR
LONGWOOD AT OAKMONT INC
500 ROUTE 909
VERONA, PA, 15147

RE: LONGWOOD AT OAKMONT
PERSONAL CARE CENTER-
PARKVIEW
500 ROUTE 909
VERONA, PA, 15147
LICENSE/COC#: 44139

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/22/2026 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[redacted]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *LONGWOOD AT OAKMONT PERSONAL CARE CENTER-PARKVIEW* **License #**: *44139* **License Expiration**: *10/29/2026*

Address: *500 ROUTE 909, VERONA, PA 15147*

County: *ALLEGHENY* **Region**: *WESTERN*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *LONGWOOD AT OAKMONT INC*

Address: *500 ROUTE 909, VERONA, PA, 15147*

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *08/05/1997* **Issued By**: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *29* **Waking Staff**: *22*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *06/22/2026*

Inspection Dates and Department Representative

06/22/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *40* **Residents Served**: *27*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *27*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *2* **Have Physical Disability**: *1*

Inspections / Reviews

06/22/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/22/2026*

07/17/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/20/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *08/02/2026*

Inspections / Reviews *(continued)*

07/21/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/20/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

81b - Resident Personal Equipment

1. Requirements

2600.
81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

At approximately 11:00am, resident #1's bedside mobility device slid under resident #1's mattress and was not securely attached to resident #1's bedframe.

Plan of Correction ***Accept ([redacted] - 07/17/2026)***

In response to the violation on 06/22/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/22/2026 by the Director of Personal Care to Resident Service Coordinator and it was identified that the bed enabler was no longer needed to be in use and was scheduled for removal. Upon identification during the survy, the device was removed immediately.

To enhance the currently compliant operations:

1. *on 06/22/2026 the Director of Personal Care will do a walk through the home to ensure no other bed mobility devices are in use, with a completion date of 06/22/2026.*
2. *on 07/14/2026 the Director of Personal Care will will provide education to staff that all walkers, wheelchairs, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards, with a completion date of 07/30/2026.*

Implementation of preventive actions will be overseen by the Director of Personal Care, with an overall completion date of 07/30/2026.

Effective 07/20/2026 the Nurse/Designee will perform weekly for 4 weeks then monthly for 2 months audits of of bedside mobility devices for four (4) weeks, followed by mothly audits for 2 additional months to ensure continued compiance with bed enablers (mobility devices) being used are secure and free of hazards, through 10/05/2026 to maintain ongoing compliance with ensuring wheelchairs, walkers, prosthetic devices and other apparatus used by residents are clean, in good repair and free of hazards. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *07/30/2026*

Implemented ([redacted] - 07/21/2026)

85a - Sanitary Conditions

2. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

At approximately 11:00am, a thick layer of dust covered the exhaust fans in the following bathrooms:

- *The exhaust fan in the bathroom of bedroom #2008*
- *The exhaust fan in the bathroom of bedroom #2016*

85a - Sanitary Conditions (continued)

Plan of Correction ***Directed ([redacted] - 07/17/2026)***

In response to the violation on 06/22/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. *on 06/22/2026 by the Director of Personal Care to Housekeeping.*
2. *on 06/22/2026 by the Housekeeping Supervisor to immediately cleaned all vents thorugh out the home to ensure sanitary conditions.*
3. *on 07/14/2026 by the Housekeeping Supervisor to will provide education to housekeeping staff that all vents throughout Personal Care Home will be cleaned and free of dust to maintain sanitary contitions.*

To enhance the currently compliant operations, on 07/22/2026 the Housekkeeping will will conduct monthly audits for three (3) months to verify ongoing compliance, after the initial three-month period, audits will be conducted every other month to ensure continued adherence to sanitary standards, with a completion date of 04/01/2027.

Effective 07/20/2026 the housekeeping will perform monthly for 3 months the every other month inspections of will conduct monthly audits for three (3) months to verify ongoing compliance, after the initial three-month period, audits will be conducted every other month to ensure continued adherence to sanitary standards,, through 4/1/2027 to maintain ongoing compliance with maintaining sanitary conditions. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Housekeeping Supervisor for further review and continuous improvement.

Proposed Overall Completion Date: 04/01/2027

Directed Completion Date: *07/30/2026*

Implemented ([redacted] - 07/21/2026)

183b - Meds and Syringes Locked

3. Requirements

2600.
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

At approximately 9:05am, numerous medications for numerous residents were unlocked, unattended and accessible in the 1st floor nursing office, to include the following:

- *Resident #2 Methamine-1gm tablets, Vitamin C-500mg tablets and Pilocarpine-1% eye drops*
- *Resident #3's Terconazole-4% cream*
- *Resident #4's Budesonide/formoterol-160/4.5mcg inhaler*
- *Resident #5's Albuterol-90mcg inhaler*

Plan of Correction ***Accept ([redacted] - 07/17/2026)***

In response to the violation on 06/22/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/22/2026 by the Director of Personal Care to Maintenance.

183b - Meds and Syringes Locked (continued)

To enhance the currently compliant operations:

1. *on 06/22/2026 the Maintanence will immediately installed an automatic door closer on the nursing office door to prevent door from not closing after staff exits door, with a completion date of 06/22/2026.*
2. *on 07/14/2026 the Director of Personal Care will provide education to staff that all prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room. Nurse station door is to be shut and locked at all times while unoccupied, with a completion date of 08/02/2026.*

The overall completion date is 08/02/2026.

Effective 07/14/2026 the Director of Personal Care/Designee will perform daily checks of three (3) times a day for one (1) week at different times for one (1) month , through 08/02/2026 to maintain ongoing compliance with ensuring prescription medications, OTC medications, CAM and syringes will be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Director of Personal Care for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: *08/02/2026*

Implemented ([redacted] - 07/21/2026)

184a - Resident's Meds Labeled

4. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #3 is currently prescribed XyliMelts-550mg lozenge-Give 1 lozenge by mouth 3 times daily before meals; however, at the time of inspection, the pharmacy label indicated the dosage as Xylimelts-500mg lozenge.

Repeated Violation-5/7/2025

Plan of Correction ***Accept ([redacted] - 07/17/2026)***

In response to the violation on 06/22/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. *on 06/22/2026 by the Director of Personal Care to GraneRx pharmacist.*
2. *on 06/22/2026 by the Pharmacist to It was identified that resident #3 had a physician's order for XyliMelts 500mg; however, the pharmacy-dispensed label indicating XyliMelts 500mg. Upon investigations, the pharmacy determined that because XyliMelts is a dietary supplement, the manufacture information did not allow the pharmacy to verify whether the product contained 500mg or 550mg. As a result, the pharmacy elected to label the product as 500mg rather than the 550mg dosage documented in the physician's order.*
3. *on 06/22/2026 by the Pharmacist to sent out the correct medication with the correct label reading 550mg*

184a - Resident's Meds Labeled (continued)

dosage to actively reflect the physician's order and was verified for continued administration.

To enhance the currently compliant operations, on 07/14/2026 the Director of Personal Care will provide education to Nurses that the original container for prescription medication shall be labeled with a pharmacy label that includes te following: Prescribed dosage and instructions for administration, with a completion date of 08/02/2026.

Effective 07/14/2026 the Nurses will perform daily audits of complete and audit on all new medications received from the pharmacy to ensure that the medication delivered from the pharmacy matches the physician's order, get the order clarified if needed and/or have a direction change sticker applied to the label before being placed on the medication cart for admistration., through 08/14/2026 to maintain ongoing compliance with ensuring the original container for prescription medications will be labeled with a pharmacy label that includes, including the prescribed dosage and instructions for administration. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *08/02/2026*

Implemented ([redacted] - 07/21/2026)